
How To Obtain Reimbursement for Hepatitis A & B Vaccine for High-Risk Adults

If routine services are covered: hepatitis A & B vaccines, along with most other vaccines, are considered “routine injections” by most insurers. These injections are only covered if the insurer provides a benefit for “routine services” such as physicals and injections. Not all insurers provide a benefit category for “routine services”.

If routine services are NOT covered, vaccine may be reimbursed through using:

1) CPT and ICD 9 codes: when any medical procedure is billed, such as immunizations, the procedure is given a code called a **CPT code**, and the associated **diagnosis** is given an **ICD 9 code**. The key is to find the code that will allow immunizations to be covered by the insurer.

2) For HIV+ clients use the immunosuppressed patient diagnosis code. In the case of HIV or other immune system disorders, most insurers will cover hepatitis A & B vaccines because of the risks and costs associated with these illnesses. For patients with HIV, hepatitis B vaccine has a specific CPT code (90747: hepatitis B vaccine for immunosuppressed patients). Most insurers cover hepatitis vaccines even if the patient doesn't have the “routine services” benefit. There is not yet a specific CPT code for hepatitis A vaccine for persons with HIV or other immune system disorders. To bill an insurer for the immunization, use the appropriate ICD-9 diagnosis code to identify HIV (ICD-9 code 042) or other immune system disorder, along with the appropriate CPT code (90747 for HEP B immuno suppr or 90730 for HEP A).

For HIV-negative or unknown patient status, use the “exposure” diagnosis code.

Insurers will consider payment for hepatitis A & B vaccines when a patient is exposed to hepatitis A or B but does not show signs and/or symptoms of the disease. In these cases you would use the appropriate CPT code (90730 for hepatitis A vaccine, 90746 for hepatitis B vaccine) and use the ICD-9 diagnosis code of “V01.9 = exposure to infectious agent” (*this diagnosis code is appropriate to use in many situations*).

3) IF DENIED, identify an appropriate “high-risk group” for your client. This method ***usually requires a call to the insurance company*** and, in some cases, ***a letter written by the doctor*** following a denial of payment.

 ***See reverse for a comprehensive list of risk groups for Hepatitis A & B.***

<p>Important: to protect your patient's confidentiality, discuss the Risk Factor/Group with the patient <i>prior</i> to contacting the insurance company!</p>
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LAST: To reduce the number of instances where the insurance company will not cover the vaccine, inquire *prior* to sending the initial claim to the insurance company. Once a claim has been received and denied it will take a good deal more effort to receive reimbursement from the insurance company. At that point you would need to assess the cost and time associated with the appeal and the specific patient's situation; i.e., the patient's ability to pay for vaccine or whether the patient can be referred to another setting, such as the Harborview STD Clinic.

Good Luck!

<p><i>Special thanks to the office of Peter Shalit, MD for their expertise in helping to create this document.</i></p>
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Hepatitis A Risk Groups

Persons in these groups are at risk for hepatitis A virus infection and should be vaccinated:

- Men who have sex with men
- Persons traveling to or working in countries that have high or intermediate rates of hepatitis A
- Children in communities that have high rates of hepatitis A and periodic hepatitis A outbreaks
- Illegal-drug users
- Persons who have occupational risk for infection
- Persons who have chronic liver disease
- Persons who have clotting-factor disorders

Hepatitis B Risk Groups

Persons in these groups are at moderate or high risk for hepatitis B virus infection and should be vaccinated:

- Men who have sex with men
- Immigrants/refugees from areas of high HBV endemicity (Asia, Pacific Islands, Sub-Saharan Africa, Amazon Basin, Eastern Europe, Middle East)
- Children born in the United States to immigrants from areas of high HBV endemicity
- Alaska natives and Pacific Islanders
- Household contacts and sex partners of people with chronic HBV infection
- People who have or who have had sexually transmitted diseases
- Heterosexuals with more than one sex partner in six months
- Users of illicit injectable drugs
- Health care workers who have contact with blood and body fluids
- Adopted children from countries where HBV is endemic
- Hemodialysis patients
- Recipients of certain blood products
- Clients and staff of institutions for the developmentally disabled
- Inmates of long-term correctional facilities

References

Centers for Disease Control and Prevention. Prevention of hepatitis A through active or passive immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996; 45(No. RR-15): pp. 1-30.

Centers for Disease Control and Prevention. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1994; 43(No. RR-1): pp. 1-38.

Centers for Disease Control and Prevention. Hepatitis B virus: A comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1991; 40 (No. RR-13): pp. 1-25.

For Further Information on Hepatitis A and B

Centers for Disease Control and Prevention (CDC), Hepatitis Branch
1-888-4 HEP-CDC **(1-888-443-7232)**; toll free hotline
<http://www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm>

Seattle-King County Department of Public Health (SKCDPH)
Communicable Disease Epidemiology
(206) 296-4774

<http://www.metrokc.gov/health/>